EXAMINATION REGISTRATION FORM

(For Exams Only)

North Carolina Department of Agriculture & Consumer Services Structural Pest Control & Pesticides Division 1090 Mail Service Center Raleigh, NC 27699-1090 Phone: 919-733-3556 Fax: 919-733-9796

Pre-registration is required for all pesticide applicator exams. A separate registration form is required for each person testing.

Name:

Registration form must be received at least 5 business days prior to exam date. Mail or fax registration form to the address given above.

Mailing Address:		
City: State: Zip:		
	Email Address:	
City /Location of Exam:	Date of Exam:	
EXAMS (*Denotes core exam needed)		
Private Applicator	\$ 10.00 \$	
Private Applicator (Spanish Version)	\$ 10.00 \$	
Core Exam	\$ 50.00 \$	
Core Exam (Spanish Version)	\$ 50.00 \$	
Ornamental and Turf*	\$ 20.00 \$	
Ornamentals and Turf (Spanish Version)*	\$ 20.00 \$	
Agricultural Pest – Plant*	\$ 20.00 \$	
Agricultural Pest – Animal*	\$ 20.00 \$	
Pet Grooming*	\$ 20.00 \$	
Poultry*	\$ 20.00 \$	
Aquatic*	\$ 20.00 \$	
Forest*	\$ 20.00 \$	
Public Health*	\$ 20.00 \$	
Regulatory	\$ 20.00 \$	
Right-of-Way*	\$ 20.00 \$	
Seed Treatment	\$ 20.00 \$	
Wood Treatment	\$ 20.00 \$	
Aerial Methods	\$ 50.00 \$	
Dealer	\$ 50.00 \$	
Demonstration and Research	\$ 20.00 \$	
Pest Control Consultant	\$ 50.00 \$	
Worker Protection Designated Trainer	\$ 50.00 \$	
Worker Protection Designated Trainer (Spanish Ve	ersion) \$ 50.00 \$	

TOTAL AMOUNT TO BE PAID AT TESTING SITE: \$ _____

Please bring a check or money order payable to NCDA&CS with you on the day of your test. If payment is not received, you will not be permitted to take the exams.